

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1	1	1				51					
2		1	1				52					
3			1				53					
4		(3)					54					
5							55					
6		(3)		1			56					
7		(3)		1			57					
8		(3)		1			58					
9		(3)		1			59					
10		(3)		1			60					
11		(3)		1			61					
12		(3)		1			62					
13		(3)		1			63					
14		(3)		1			64					
15		(3)		1			65					
16		(3)		1			66					
17		(3)		1			67					
18		(3)		1			68					
19		(3)		1			69					
20		(3)		1			70					
21	1	1	1				71					
22		1	1				72					
23	1						73					
24	1		1				74					
25	1		1				75					
26	(1)		1				76					
27	(1)		1				77					
28	1		1				78					
29	1		1				79					
30	2		1				80					
31	2		1				81					
32	(2)		1				82					
33	1		1				83					
34	1		1				84					
35	1		1				85					
36	(3)		1				86					
37	(3)		1				87					
38	(3)		1				88					
39	(1)		1				89					
40	(1)		1				90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.							TOTAL IND.					
TOTAL DEP.							TOTAL DEP.					
TOTAL CLAIMS							TOTAL CLAIMS					